APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER

ASPEN TELECOMMUNICATIONS, LLC

EXHIBIT B

CORPORATE DOCUMENTS



| Form LLC-5.5 | |
|--------------|-----------|
| Sonuary 2000 | i Limited |

January 2000

Jesse White Secretary of State Department of Business Services Limited Liability Company Division Room 359, Howlett Building Springfield, IL 62756 http://www.sos.state.ii.us

Payment must be made by certified check, cashier's check, illinois attorney's check, illinois C.P.A.'s check or money order, payable to "Secretary of State."

Illinois Limited Liability Company Act Articles of Organization

SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State

Date 11/13/2002 Assigned File # 0080- 793-

Filing Fee \$400.

Approved:

This space for one by Secretary of State

FILED

NOV 1 3 2002

JESSE WHITE SECRETARY OF STATE

| Limited Liability Compa | any Name: Aspen Telecom | nunications, LLC | |
|--|--|---|------------------------------------|
| (The LLC name must contain the land, itd., co., limited partnership | he words limited liability company, L.L. p, or L.P.) | C. or LLC and cannot contain the ten | ns corporation, corp., incorporate |
| If transacting business | under an assumed name, c | complete and attach Form I | LC-1.20. |
| The address of its prin | cipal place of business: (Po Deerfield, IL 60015 | st office box alone and c/o | are unacceptable.) |
| | | | |
| _ | zation are effective on: (Che | te later than but not more the | nan 60 days subsequent |
| _ | ite, or b) another dat | • | • |
| a) the filing da | ite, or b) another dat | te later than but not more the date:(month, day, year, | • |
| a) the filing da | te, or b) another date to the filing name and registered office Scott L. Glickson | te later than but not more the date: (month, day, year) address is: | <u> </u> |
| a) the filling da The registered agent's Registered agent: | another date to the filing to the filing the name and registered office Scott L. Glickson First Name | te later than but not more the date: (month, day, year) address is: Middle (nitial) | • |
| a) the filing da The registered agent's Registered agent: Registered Office: | te, or b) another date to the filing name and registered office Scott L. Glickson First Name 444 N. Michigan Ave., St. | te later than but not more the date: (month, day, year) address is: Middle Initial site 3600 | Last Name |
| a) the filling da The registered agent's Registered agent: | te, or b) another date to the filing name and registered office Scott L. Glickson First Name 444 N. Michigan Ave., Sunnber | te later than but not more the date: (month, day, year) address is: Middle Initial afte 3600 Street | <u> </u> |

Purpose or purposes for which the LLC is organized: Include the business code # (IRS Form 1065).
 (If not sufficient space to cover this point, add one or more sheets of this size.)

"The transaction of any or all lawful business for which limited liability companies may be organized under this Act."

To engage in and the transaction of any lawful act or activity for which limited liability companies may be organized under the Illnois Limited Liability Company Act. The limited liability company shall have all power necessary or convenient to the conduct, promotion, or attainment of such acts and activities.

I.R.S. Business Code No. 513300

7. The latest date, if any, upon which the company is to dissolve N/A (month, day, year)

Any other events of dissolution enumerated on an attachment. (Optional)

P.03

| LC | :-5.5 | | | | | | |
|----|--|---------------------------|------------------------|--|---|--------------------------------|-----------------|
| 8. | Other provisions for the regulation of the interna | il affairs of t | he LLC p | er Section : | 5-5 (a) (8) i | included : | as attachment |
| | If yes, state the provisions(s) from the ILLCA. | ☐ Yes | Z | No | | | |
| 9. | a) Management is by manager(s): If yes, list names and business addresses, | ✓ Yes | | No | • | | |
| | Ray Scheppach 570 Lake Cook Road, Deerfield, IL 60015 | | | | | | |
| | | | | | | | |
| | b) Management is vested in the member(s): If yes, list names and addresses. | Yes | Z | No | | | , |
| | | | | | | | |
| o. | I affirm, under penalties of perjury, having author of my knowledge and belief, true, correct and co | mplete. | _ | at these an | ticles of org | ganizatior | n are to the be |
| 0. | of my knowledge and belief, true, correct and co | mplete. | _ | at these an | ticles of org | ganization | n are to the bo |
| 0. | of my knowledge and belief, true, correct and co | mplete. | _ | | ticles <i>of org</i> ness Addr | | n are to the be |
| 0. | of my knowledge and belief, true, correct and co Dated November 12 (Month/Day) | mplete. 2002 (Year) | _ | Busi | , | ress(es) | are to the be |
| 1. | of my knowledge and belief, true, correct and contact of November 12 (Month/Day) Signature(s) and Name(s) of Organizer(s) | emplete. 2002 (Year) | | Busi | ness Addr ı Ave., Su | res s(es) ite 3600 | are to the be |
| 1. | of my knowledge and belief, true, correct and control of Movember 12 (Month/Day) Signature(s) and Name(s) of Organizer(s) Signature Shelley L. Woodward, Paralegal | emplete. 2002 (Year) | | Busi <u>Michigan</u> mber o, IL 606 | ness Addr ı Ave., Su | res s(es) ite 3600 | are to the be |
| 1. | Of my knowledge and belief, true, correct and condition of November 12 (Month/Day) Signature(s) and Name(s) of Organizer(s) Signature Shelley L. Woodward, Paralegal (Type or print name and title) | emplete. 2002 (Year) | 444 N. Nu Chicag | Busi <u>Michigan</u> mber o, IL 606 | ness Addr ı Ave., Su | res s(es) ite 3600 | |
| 1. | Of my knowledge and belief, true, correct and content of November 12 (Month/Day) Signature(s) and Name(s) of Organizer(s) Signature Shelley L. Woodward Paralegal (Type or print name and title) | mplete. , 2002 (Year) | 444 N. Nu Chicag | Busi <u>Michigan</u> mber o. IL 606 | ness Addr ı Ave., Su | ress(es) ite 3600 Street | |
| 1. | Of my knowledge and belief, true, correct and control of Movember 12 (Month/Day) Signature(s) and Name(s) of Organizer(s) Signature Shelley L. Woodward, Paralegal (Type or print name and title) (Name if a corporation or other entity) Signature | mplete. , 2002 (Year) | 444 N. Nu Chicag | Busing Michigan mber o. IL 606 | ness Addr 1 Ave., Su 11-3903 City/Town | ress(es) ite 3600 Street | |

(Signatures must be in link on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

LLC-4.5

(Type or print name and title)

(Name if a corporation or other entity)